

## CLARK COUNTY DRAINAGE BOARD

CLARK COUNTY GOVERNMENT BUILDING  
501 EAST COURT AVENUE, ROOM 421  
JEFFERSONVILLE, INDIANA 47130  
812-285-6281 (office) 812-285-6349 (fax)

### COMPLAINT FORM

Please print all information as complete and detailed as possible. To ensure this complaint is addressed, this form must be submitted ten calendar days prior to the next scheduled meeting. Also, the complainant must be present at the scheduled meeting to answer questions the Board may have.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ CELL # \_\_\_\_\_ EMAIL \_\_\_\_\_

DOES DRAINAGE CONCERN THE ADJOINING PROPERTY? ☐ Yes ☐ No

IF SO, HAVE YOU CONTACTED THE PROPERTY OWNER? ☐ Yes ☐ No

IF SO, BY WHAT MEANS WAS CONTACT MADE? \_\_\_\_\_

☐ Person to Person ☐ Telephone ☐ Mail ☐ Other

DESCRIPTION/LOCATION OF THE DRAINAGE CONCERN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACTIONS YOU HAVE TAKEN TO THIS POINT (IF ANY): \_\_\_\_\_

\_\_\_\_\_

WHAT DO YOU WANT THE DRAINAGE BOARD TO DO ABOUT THIS PROBLEM \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### DRAINAGE BOARD USE ONLY

DATE SUBMITTED \_\_\_\_\_ DATE OF MEETING: \_\_\_\_\_

WAS APPLICANT PRESENT AT THE MEETING? ☐ YES ☐ NO

ACTIONS/RESOLUTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_